

**PART 6 - POLICY STATEMENT ATTACHMENTS &  
AMENDMENTS TO THE 3-YEAR AGREEMENT ATTACHMENTS  
FOR INDEPENDENT CENTERS AND SPONSORS OF CENTERS  
IN THE CHILD AND ADULT CARE FOOD PROGRAM  
2007-2008**

The following attachments are included and considered part of the Pricing Policy Statement. If the local agency has made changes to the pricing policy (have switched from a non-pricing program to a pricing program or vice versa) contact our office for another copy of the Part 6 Permanent Policy Statement to be signed by both the local agency and the CANS staff. If the pricing policy remains the same as the prior year(s), forward the appropriate attachments that will be used by the local agency in the 2007-2008 program year.

**Pricing Programs**

- Attachment A - Income Eligibility Guidelines (do not return to CANS)
- Attachment B - Parent Letter and Application for Free and Reduced Price Meals (B1/B3 – B4/B5)
- Attachment C - Notification of Eligibility
- Attachment D - Civil Rights Data Collection (complete and maintain on file, do not return to CANS)
- Attachment E - Public Release (as submitted by the State Agency, do not return to CANS)
- Attachment F - Responsible Principals and Individuals (**NEW – complete and return this page**)
- Attachment G - Agreement Change Form (New – use to make changes to the application after it is approved)

**Non-Pricing Programs**

- Attachment A - Income Eligibility Guidelines (do not return to CANS)
- Attachment B - Parent Letter and Application for Free and Reduced Price Meals (B2/B3 – B4/B5)
- Attachment D - Civil Rights Data Collection (complete and maintain on file, do not return to CANS)
- Attachment E - Public Release (as submitted by the State Agency, do not return to CANS)
- Attachment F - Responsible Principals and Individuals (**NEW – complete and return this page**)
- Attachment G - Agreement Change Form (New – use to make changes to the application after it is approved)



## ATTACHMENT A

### INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2007 to June 30, 2008)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the family is at or below the guideline.

|  | Annually | Annually | Monthly | Monthly | Every 2 weeks | Every 2 weeks | Twice a month | Twice a month | Weekly | Weekly  |
|--|----------|----------|---------|---------|---------------|---------------|---------------|---------------|--------|---------|
| Household Size                         | Free     | Reduced  | Free    | Reduced | Free          | Reduced       | Free          | Reduced       | Free   | Reduced |
| 1                                      | \$13,273 | \$18,889 | \$1,107 | \$1,575 | \$511         | \$727         | \$554         | \$788         | \$256  | \$364   |
| 2                                      | \$17,797 | \$25,327 | \$1,484 | \$2,111 | \$685         | \$975         | \$742         | \$1,056       | \$343  | \$488   |
| 3                                      | \$22,321 | \$31,765 | \$1,861 | \$2,648 | \$839         | \$1,222       | \$931         | \$1,324       | \$430  | \$611   |
| 4                                      | \$26,845 | \$38,203 | \$2,238 | \$3,184 | \$1,033       | \$1,470       | \$1,119       | \$1,592       | \$517  | \$735   |
| 5                                      | \$31,369 | \$44,641 | \$2,615 | \$3,721 | \$1,207       | \$1,717       | \$1,308       | \$1,861       | \$604  | \$859   |
| 6                                      | \$35,893 | \$51,079 | \$2,992 | \$4,257 | \$1,381       | \$1,965       | \$1,496       | \$2,129       | \$691  | \$983   |
| 7                                      | \$40,417 | \$57,517 | \$3,369 | \$4,794 | \$1,555       | \$2,213       | \$1,685       | \$2,397       | \$778  | \$1,107 |
| 8                                      | \$44,941 | \$63,955 | \$3,746 | \$5,330 | \$1,729       | \$2,460       | \$1,873       | \$2,665       | \$865  | \$1,230 |
| For each additional family member, add | \$4,524  | \$6,438  | \$377   | \$537   | \$174         | \$248         | \$189         | \$269         | \$87   | \$124   |

#### **NOTE TO LOCAL AGENCY OFFICIALS:**

When making a determination, the frequency of the current income should be compared to the respective scale above (weekly income should be compared to the weekly scale above). When income is from more than one frequency, each should be converted to monthly income and added together.

To convert weekly income to monthly income, multiply weekly income by 4.33.

To convert bi-weekly income to monthly income, multiply bi-weekly income by 2.15.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application.

The agency should verify any questionable applications.

## HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS

Attachments B1, B3, B4 & B5 are to be used for programs that do charge for lunches, breakfasts, snacks, and/or suppers. Only the reduced price income scale may be used in the letter for meal benefit applications.

Some changes the school/center can make that do not require advance approval:

- Add in the school's/center's meal prices.
- List different reduced price(s), if less than the listed price.
- Add the contact for questions/fair hearing.
- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Delete references to breakfast and snack if these meals are not offered.
- Add supper if this meals is offered.
- Change the notification section to specify how the family will be notified. Remember that denials must always be sent in writing (See Attachment C).
- Add a separate cover letter explaining the local school's/center's prices, times, charging policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

## ATTACHMENT B1

### PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The \_\_\_\_\_ school/center offers healthy meals every day that it's open. Breakfast costs \$\_\_\_\_; lunch costs \$\_\_\_\_; and snack costs \$\_\_\_\_. Participants may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast, \$.40 for lunch, and \$ .15 for snack.

**To apply for free or reduced price meals**, use the Application for Free and Reduced Price Meals, which is attached.

We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to:** name \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_.

*Here are answers to questions you may have about applying:*

- 1. Who can get free or reduced price meals?** Participants in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, participants can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one from the certifier.
- 2. Do I need to fill out an application for each participant?** No. Use one Application for Free and Reduced Price Meals for all participants in the household. We can not approve an application that is not complete, so be sure to fill out all required information.
- 3. Can homeless, runaway, and migrant children get free meals?** Please call the school/center, homeless liaison, or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 5. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 6. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 7. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, participants may be able to get free or reduced price meals.
- 8. What if I do not agree with the school/center's decision about my application?** You should talk to school/center officials by calling \_\_\_\_\_. You may also ask for a hearing by calling or writing to: name \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_.
- 9. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your participants should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
- 10. How will I be notified?** You will be notified whether you are approved or denied when the approval process is complete.
- 11. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for participants whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual participants who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the school/center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** \_\_\_\_\_.

*Si necesita ayuda, por favor llame al teléfono:* **phone number** \_\_\_\_\_.

*Si vous voudriez d'aide, contactez nous au numero:* **phone number** \_\_\_\_\_.

Sincerely,

**[signature]**

## **NON-PRICING HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION AND INSTRUCTIONS**

Attachments B2, B3, B4, & B5 are to be used for programs that do not charge for lunches, breakfasts, snacks, and/or suppers. Only the reduced price income scale may be used in the letter for meal benefit applications.

Some changes the school/center can make that do not require advance approval:

- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Add a separate cover letter explaining the local school's/center's times, policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

## ATTACHMENT B2

### NON-PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The \_\_\_\_\_ center offers healthy meals every day that it's open. The center can get money for meals served when they can document the size and income of households with enrolled participants.

**To show eligibility for free or reduced price meals**, use the Application for Free and Reduced Price Meals, which is attached. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: name \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_.**

*Here are answers to questions you may have about applying:*

1. **How do I show eligibility?** The center will get higher payments from the government for participants in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) [also known as commodities] and most foster children regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, the center will get higher payments from the government. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one.
2. **Do I need to fill out an application for each participant?** No. Use one Free and Reduced Price Meal Application for all participants in the household. We can not approve an application that is not complete, so be sure to fill out all required information.
3. **Can homeless, runaway, and migrant children get free meals?** Please call the school/center, homeless liaison, or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.
4. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
5. **We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
6. **Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
7. **If I don't qualify now, may I provide information later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, the center may be able to get higher payments from the government during the time you are unemployed.
8. **Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your participants should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
9. **What if my child needs special foods?** The center will make substitutions to the regular meal pattern for participants whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual participants who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** \_\_\_\_\_.

*Si necesita ayuda, por favor llame al teléfono:* **phone number** \_\_\_\_\_.

*Si vous voudriez d'aide, contactez nous au numero:* **phone number** \_\_\_\_\_.

Sincerely,

[signature]

**ATTACHMENT B3**

**INCOME GUIDELINES**  
(Effective July 1, 2007 through June 30, 2008)

**Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.**

| Household Size                          | Yearly   | Monthly | Weekly  |
|---|----------|---------|---------|
| 1                                       | \$18,889 | \$1,575 | \$364   |
| 2                                       | \$25,327 | \$2,111 | \$488   |
| 3                                       | \$31,765 | \$2,648 | \$611   |
| 4                                       | \$38,203 | \$3,184 | \$735   |
| 5                                       | \$44,641 | \$3,721 | \$859   |
| 6                                       | \$51,079 | \$4,257 | \$983   |
| 7                                       | \$57,517 | \$4,794 | \$1,107 |
| 8                                       | \$63,955 | \$5,330 | \$1,230 |
| For each additional family member, add: | \$6,438  | \$537   | \$124   |

Look at the Income Guidelines chart. Find your household size. **HOUSEHOLD** is: all persons, including parents, participant, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. **TOTAL HOUSEHOLD INCOME** is: the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us.

**DETERMINING INCOME**

To figure monthly income: Weekly x 4.33; Every 2 weeks x 2.15; Twice a month x 2; yearly ÷ 12

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the family income.

| Proprietorship Income | Farm Income      | Partnership Income |
|-----------------------|------------------|--------------------|
| Line 12 \$ _____      | Line 13 \$ _____ | Line 13 \$ _____   |
| Line 13 \$ _____      | Line 14 \$ _____ | Line 14 \$ _____   |
| Line 14 \$ _____      | Line 17 \$ _____ | Line 17 \$ _____   |
| TOTAL \$ _____        | Line 18 \$ _____ | TOTAL \$ _____     |
|                       | TOTAL \$ _____   |                    |



INCOME TO REPORT

Earnings from Work

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business,  
day care business or farm

Pensions/Retirement/Social Security

Pensions  
Supplemental Security Income  
Veteran's payments  
Social Security

Welfare/Child Support/Alimony

Public assistance payments  
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not  
living in the same household  
Net royalties/annuities/net rental income  
Any other income



**ATTACHMENT B4****APPLICATION FOR FREE AND REDUCED PRICE MEALS**

(For complete instructions, refer to next page.)

☐ New Applicant☐ Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

**Part 1A.**

| Child's Name | School or Center | Grade | Age   | Child's Name | School or Center | Grade | Age   |
|--------------|------------------|-------|-------|--------------|------------------|-------|-------|
| 1. _____     | _____            | _____ | _____ | 4. _____     | _____            | _____ | _____ |
| 2. _____     | _____            | _____ | _____ | 5. _____     | _____            | _____ | _____ |
| 3. _____     | _____            | _____ | _____ | 6. _____     | _____            | _____ | _____ |

**Part 1B.** Households receiving Food Stamps (FS), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (commodities) (FDPPIR): If your family is NOW receiving Food Stamps, TANF, FDPPIR for all of the above named children, list the case number. Fill out Sections 1, 2 and 4. If all of the above named children do not receive these benefits, you must also complete Section 3. The application MUST have the signature of an adult.

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_ FDPPIR Case Number: \_\_\_\_\_

**Part 2. Is this child a Foster Child?**

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

Part 2A. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school homeless liaison, migrant coordinator at phone: \_\_\_\_\_. Homeless ☐ Migrant ☐ Runaway ☐**Part 3. Total Household Income from Last Month—You must tell us how much and how often**

| A. Name<br>(List <b>everyone</b> in household) | B. Last month's income and how often it was received<br>Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly |                                 |                                       |                  | C. Check if NO income    |
|--|--|---------------------------------|---------------------------------------|------------------|--------------------------|
|  | Earnings from work before deductions   | Welfare, child support, alimony | Pensions, retirement, Social Security | Farm/Other       |                          |
| _____  | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____  | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____  | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____  | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____  | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____  | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____  | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.*

Sign here:

X \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL/CENTER USE ONLY**Food Stamp / FDPPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ NoTotal monthly income: \_\_\_\_\_ Eligibility Classification: ☐ Free ☐ Reduced Price ☐ PaidNot Eligible: ☐ Over income ☐ Incomplete informationHousehold size: \_\_\_\_\_ Temporary Eligibility: ☐ Free ☐ Reduced Price Until: \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_ Change in Status Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment B5

### INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other participants together.

**If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the participants listed, follow these instructions:**

**Part 1A:** List each participant's name, school/center, age, and/or grade.

**Part 1B:** List the Food Stamp, FDPIR, and/or TANF case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1A:** List the child's name, school/center, age, and/or grade.

**Part 1B:** Skip this part.

**Part 2:** List the child's personal use monthly income, if any.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 2A:** If you are applying for a homeless, migrant, or a runaway check the appropriate box and call your school homeless liaison or migrant coordinator.

**ALL OTHER HOUSEHOLDS and for participants the household does not get benefits for, follow these instructions:**

**Part 1A:** List each participant's name, school/center, age and/or grade,

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all participants. Attach another sheet of paper if you need to.

**Column B—Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. **Employment income:** List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). **Other Income:** List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

**Column C—Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

### Part 3. Total Household Income from Last Month—You must tell us how much and how often

| 1. Name<br>(List <b>everyone</b><br>in household) | 2. Last month's income and how often it was received<br><i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> |                                    |  |            | 3. Check<br>if <b>NO</b> income |
|---|---|------------------------------------|--|------------|---------------------------------|
|   | Earnings from work<br>before deductions   | Welfare, child support,<br>alimony | Pensions, retirement,<br>Social Security | Farm/Other |                                 |
| (Example)<br>Jane Smith                           | \$200/weekly  | \$150/weekly                       | \$100/monthly                            | \$ /       | <input type="checkbox"/>        |

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**Privacy Act Statement:** This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve participants for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all participants you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if participants are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

## ATTACHMENT C

## NOTIFICATION LETTER FOR PRICING PROGRAMS

Dear \_\_\_\_\_:

Your application for free and reduced price meals has been:

\_\_\_\_\_ Approved for free meals

\_\_\_\_\_ Approved for reduced price meals at \_\_\_\_\_ cents for breakfast, \_\_\_\_\_ cents for lunch,  
\_\_\_\_\_ cents for snacks, and \_\_\_\_\_ cents for supper.

\_\_\_\_\_ Denied for the following reasons(s):

\_\_\_\_\_ Income over the allowable amount.

\_\_\_\_\_ Incomplete application. The following information is missing: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Temporarily approved for \_\_\_\_\_ meals until \_\_\_\_\_

If you do not agree with the decision, you may discuss it with the center determining official \_\_\_\_\_ at phone number \_\_\_\_\_. You also have the right to a fair hearing. To request a hearing, call or write the following hearing official:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

You may reapply for benefits at any time during the year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, you may fill out a new application at that time.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(TITLE)



## CIVIL RIGHTS DATA COLLECTION

The following information **must be collected each year** to meet the Civil Rights requirements. It is the agency's responsibility to collect this information and maintain it on file for three years plus the current year. The agency does not need to return this to Child and Adult Nutrition Services. Race and ethnic background data for the children enrolled at each center should be maintained confidentially and should only be made available to authorized State Agency or Federal personnel.

**Estimated Racial/Ethnic Makeup of Service Area (approximate percentages):** This may be available from the local library, county government, or SDSU Rural Sociology Department (605)688-4899. This information is also available at <http://factfinder.census.gov>. Once at the website enter the city/town, county, or zip code in the "Fast Access to Information" section at the top of the page. Click on South Dakota in the drop down box below the city/county/zip code entered. Click on "go" or hit the "enter" key. A page may come up to ask you to select a specific geographic section. If so, select the area you need information for by clicking on the area. Once that page opens, use the percentages in the "percent" column (not the U.S. column) to enter the percentages on the lines below. Racial/ethnic data is located just below the general characteristics on the page.

|         |  |
|---------|--|
| _____ % | Native Hawaiian and Other Pacific Islander         |
| _____ % | American Indian or Alaskan Native                  |
| _____ % | Asian  |
| _____ % | Black or African American (not of Hispanic origin) |
| _____ % | Hispanic or Latino (of any race)                   |
| _____ % | White (not of Hispanic origin)                     |
| _____ % | Other  |

Source of information for Service Area: \_\_\_\_\_

**Racial makeup of the agency's enrollment (actual numbers & percentages):**

| Actual<br>Numbers | Percents |                        |
|-------------------|----------|------------------------|
| _____ = _____ %   |          | Hispanic or Latino     |
| _____ = _____ %   |          | Not Hispanic or Latino |

**Ethnic makeup of the agency's enrollment (actual numbers & percentages):**

| Actual<br>Numbers | Percents |  |
|-------------------|----------|--|
| _____ = _____ %   |          | Native Hawaiian and Other Pacific Islander |
| _____ = _____ %   |          | American Indian or Alaskan Native          |
| _____ = _____ %   |          | Asian                                      |
| _____ = _____ %   |          | Black                                      |
| _____ = _____ %   |          | White                                      |
| _____ = _____ %   |          | Other                                      |

Date information is collected: \_\_\_\_\_





## ATTACHMENT E

The State Agency will send this release with eligibility guidelines to all local papers. Local agencies may provide additional information to the newspapers. Local agencies should also provide this information to any grassroots organizations that may assist in providing information related to free and reduced price meals.

### FOR IMMEDIATE RELEASE

#### FREE AND REDUCED PRICE MEALS FOR CHILDREN IN SCHOOLS AND CHILD CARE CENTERS

PIERRE -- Child and Adult Nutrition Services in the South Dakota Department of Education has announced the annual federal policy for free milk or free and reduced price meals. The policy applies to children unable to pay the full price of meals or milk served under the National School Lunch, School Breakfast, Child and Adult Care Food Program, and/or Special Milk Programs. The administrative office of each agency that participates in the Lunch, Breakfast, and/or Milk Program has a copy of the policy that is available for review.

Children from families whose income is at or below the levels shown are eligible for free or reduced price meals. Children from a family whose income is at or below the level shown for free meals may be eligible for free milk if the school/center participates in a federally funded pricing Special Milk Program. Families may apply for free or reduced price meals or free milk for their children for school year 2006-2007 according to guidelines effective July 1, 2006. Applications will be provided to all households by the local school/center.

Households that are currently on Food Stamps or Temporary Assistance for Needy Families (TANF) will receive letters indicating that their children are eligible for FREE meals at the school or center. These families SHOULD NOT complete an application for free meals. They should bring the letter or a copy of the letter to the school/center. Families receiving commodities through the Food Distribution Program on Indian Reservations (FDPIR) can request an Interagency Action Notice that can be brought to the school/center in place of an application to document eligibility for free meals. Children who are homeless, runaway, or from a migrant family may be eligible for free meals or free milk. Contact school/center for more information

Most foster children are eligible for free or reduced price meals or free milk regardless of the income of the household in which they reside. Households with a foster child should contact the school/center for more information on how to apply for the benefits.

To apply for free or reduced price meals, other households should fill out the application and return it to the school/center. An application must include the names of children for whom benefits are requested, all family members and their monthly income, and be signed by an adult household member with that person's social security number. Incomplete applications cannot be approved for free and reduced price meals. Additional copies are available in the school/center office. The information provided on the application is confidential and will be used for the purpose of determining eligibility status for meals and, in schools, for Title I programs. If a household that receives food stamps, TANF, or FDPIR (commodities) does not receive the letter from Social Services or the Interagency Notice of Action or chooses not to bring it to school/center, the household should complete an application. An application from these households must include the names of children for whom benefits are being requested, the case number from their program, and the signature of an adult household member. Information on any application may be verified at any time during the school year by school/center or other program officials.

Applications may be submitted at any time during the year. The family should contact the school/center if a household member becomes unemployed or if the household size changes. If a parent or guardian becomes unemployed, the children from that household may be eligible for free or reduced price meals or free milk during the time of unemployment if the household's income falls within the income eligibility guidelines.

If a parent or guardian is dissatisfied with the ruling on the application for eligibility, she/he may contact the determining official on an informal basis. If the parent or guardian wishes to make a formal appeal, an oral or written request may be made to the school's/center's hearing official for a hearing to appeal the decision.

Some schools/centers may choose to send a special notice about the Children's Health Insurance Program to households with the application. It provides a way for school/center personnel to know if families will allow them to use students' eligibility status for other program benefits. The decision whether or not a household is eligible for meal benefits or not is not affected by this form.

Children who get free or reduced price meals are treated the same as children who pay for meals. No child will be discriminated against in accordance with Federal law and U.S. Department of Agriculture policy. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Below are the income scales to be used to determine an applicant's eligibility for free or reduced price meals if the family is at or below the guidelines.

**Income Eligibility Guidelines: 2006 - 2007**

|  | Annually | Annually      | Monthly | Monthly       | Weekly | Weekly        |
|--|----------|---------------|---------|---------------|--------|---------------|
| Household Size                         | Free     | Reduced Price | Free    | Reduced Price | Free   | Reduced Price |
| 1                                      | \$13,273 | \$18,889      | \$1,107 | \$1,575       | \$256  | \$364         |
| 2                                      | \$17,797 | \$25,327      | \$1,484 | \$2,111       | \$343  | \$488         |
| 3                                      | \$22,321 | \$31,765      | \$1,861 | \$2,648       | \$430  | \$611         |
| 4                                      | \$26,845 | \$38,203      | \$2,238 | \$3,184       | \$517  | \$735         |
| 5                                      | \$31,369 | \$44,641      | \$2,615 | \$3,721       | \$604  | \$859         |
| 6                                      | \$35,893 | \$51,079      | \$2,992 | \$4,257       | \$691  | \$983         |
| 7                                      | \$40,417 | \$57,517      | \$3,369 | \$4,794       | \$778  | \$1,107       |
| 8                                      | \$44,941 | \$63,955      | \$3,746 | \$5,330       | \$865  | \$1,230       |
| For each additional family member, add | \$4,524  | \$6,438       | \$377   | \$537         | \$87   | \$124         |

A sampling of connections to various websites for nutrition information and activities are available on the website for Child and Adult Nutrition Services. The web address is <http://doe.sd.gov/supportservices/>

**ATTACHMENT F** – All agencies are **required** to complete and return this chart for all of the responsible principals and individuals within your agency. We cannot approve your agreement until all of the information on the chart below is completed and on file in our office.

**RESPONSIBLE PRINCIPALS AND INDIVIDUALS** – A responsible principal or individual is: (a) a principal, whether compensated or uncompensated, who the state agency or Food and Nutrition Services (FNS) determines to be responsible for an institution's serious deficiency; (b) any other individual employed by, or under contract with, an institution or sponsored center, who the state agency or FNS determines to be responsible for an institution's serious deficiency; or (c) an uncompensated individual who the state agency or FNS determines to be responsible for an institution's serious deficiency. FNS has determined that the following positions (by definition) are considered to be institution principals: the agency's CEO (or equivalent) or owner and the board president. The State of South Dakota has determined that the following positions in the CACFP are considered to be institution principals: the Authorized Representative, the Claim Representative, and the Food Service Director. There may be other individuals within your organization that you would consider to be responsible individuals that you should report on a separate page, if needed. We will maintain this information confidentially unless such actions occur on the part of your agency which requires termination for cause, at which time, we must provide this information to the USDA for placement on the National Disqualified List. Complete the following chart. If you need more space, include this information on a separate sheet of paper. The positions listed in the title column are mandatory. If the same person holds more than one title, you do not need to repeat the information in the last three columns (you only need to list the name of the person in that position again).

| Full Name of Institution Principal | Title                     | Date of Birth | Home Mailing Address (if possible, street address – no PO boxes) | Is this person related to any other board member or organizational staff? If so, how? |
|------------------------------------|---------------------------|---------------|--|---|
|                                    | CEO or Owner              |               |  | No Yes: _____   |
|                                    | Board President           |               |  | No Yes: _____   |
|                                    | Authorized Representative |               | See Part 1 of application  | No Yes: _____   |
|                                    | Claim Representative      |               | See Part 1 of application  | No Yes: _____   |
|                                    | Food Service Director     |               | See Part 1 of application  | No Yes: _____   |

We understand that:

- the submission of false information to the state agency is grounds for termination or denial from the Child and Adult Care Food Program as described in 7 CFR 226.6(c)2.
- Institutions and individuals providing false certifications will be placed on the National Disqualified List.
- any deliberate misrepresentation of CACFP records will subject us to prosecution under applicable State and Federal criminal statutes.

We certify that:

- the above list are the board members and principals for \_\_\_\_\_ (name of local agency).
- we are in compliance with all applicable state rules and regulations regarding the governing boards of corporations.
- in the past seven years, neither the institution nor any of its principals are ineligible to participate in any of the previously listed publicly funded programs by reason of violation of the requirements of those programs or because of activities that indicated a lack of business integrity during that period. A lack of business integrity includes but is not limited to: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice.
- in the past seven years, neither the institution nor any of its principals have been convicted of a criminal offense.
- in the past seven years, neither the institution nor any of its principals have been associated with any organization terminated for failure to correct serious deficiencies, notices of serious deficiency as prepared by a State Agency, and/or placed on the National Disqualified List.

Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**CANS USE ONLY**

Was the National Disqualified List checked for each individual listed in section E? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Were there any individuals listed above whose names appeared on the NDL? \_\_\_\_\_ Yes \_\_\_\_\_ No

SA Initial \_\_\_\_\_

Date \_\_\_\_\_



**Attachment G**

South Dakota Department of Education  
800 Governors Drive  
Pierre, SD 57501-2235

Child and Adult Nutrition Services  
Child Nutrition Programs  
(605) 773-3413

**Child & Adult Care Food Program (CACFP)**  
**Agreement Change Form**

Local Agency Name: \_\_\_\_\_ Local Agency Number: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Termination of Local Agency Agreement**☐ **Approved**☐ **Denied**

Effective Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**Contact Information Changes**☐ **Approved**☐ **Denied**

Effective Date: \_\_\_\_\_ Reason: \_\_\_\_\_

New Local Agency Mailing Address: \_\_\_\_\_

New Phone Number: \_\_\_\_\_ New Fax Number: \_\_\_\_\_

New Authorized Representative\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\* If a new Authorized Representative is named who is not the owner, Chief Executive Officer (C.E.O.), Board Chairperson, or Tribal Chair of the local agency - the signature of the owner, C.E.O., Board Chairperson, or Tribal Chair is needed below:

\_\_\_\_\_  
(Signature of Owner, C.E.O., Board Chairperson, Tribal Chair)

New Claim Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Fax Number: \_\_\_\_\_

New Food Service Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Fax Number: \_\_\_\_\_

New Board Chairperson: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

New Chief Executive Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Closure of Child and Adult Care Food Program(s) Sites**☐ **Approved**☐ **Denied**

Site Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Site Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Site Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Site Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

☐ Approved ☐ Denied

| Site Name | Type of Change Requested | Effective Date | CANS USE ONLY   |
|-----------|--------------------------|----------------|---|
|           |                          |                | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|           |                          |                | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|           |                          |                | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|           |                          |                | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |

☐ Approved ☐ Denied

**Other changes to the CACFP Agreement** ☐ **Approved** ☐ **Denied**

[illegible]

## CHILD AND ADULT NUTRITION SERVICES

|   |      |  |      |
|---|------|--|------|
| Signature of Authorized Representative          | Date | Signature of Nutrition Specialist  | Date |
| Type or print name of Authorized Representative |      | Type or print name of Nutrition Specialist   |      |
| Title   |      | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Copy sent to Local Agency |      |